



Nebraska Department of Health and Human Services



HEALTH ALERT NETWORK

Update



TO: Nebraska Healthcare Providers & Laboratories

FROM: Joann Schaefer, M.D. Thomas J. Safranek, M.D.
Chief Medical Officer State Epidemiologist
State of Nebraska 402-471-2937 PHONE
402-471-8566 PHONE 402-471-3601 FAX

RE: 2010-11 Influenza Season Update: Epidemiology, Lab Testing,
Antiviral Guidance & Vaccine Guidance

DATE: September 28, 2010

Although epidemics of flu happen every year, the timing, severity, and length of the epidemic is unpredictable and depends on many factors, the circulating flu viruses and the match between circulating viruses and those in the vaccine. Last flu season (2009-2010) saw the predominance of the 2009 H1N1 influenza virus that first emerged in April 2009. This virus caused the first flu pandemic in more than 40 years, and surprisingly had largely vanished by February 2010. Experts predict that the 2009 H1N1 virus will continue to circulate this flu season, along with both influenza A H3N2 and influenza B strains. During the 2009-2010 flu season, over 99% of all subtyped influenza A viruses were the 2009 influenza A (H1N1) pandemic strain.

This Health Alert Network Update provides updated information and guidance regarding laboratory testing, antiviral use, influenza vaccination and infection control. A weekly report of Nebraska influenza surveillance data is available on the NDHHS website at:
(<http://www.dhhs.ne.gov/flu/>)

Recommendations on Laboratory Testing

- Patients with influenza-like illness (ILI) should be tested by a rapid antigen test that can differentiate influenza A or B. Collection of a high-quality nasopharyngeal (NP) swab and the interpretation of the test are critical to optimizing the sensitivity/specificity of these tests.
- All providers in NE are encouraged to submit NP specimens to the NPHL for any pregnant patients with ILI for PCR testing at public health expense.
- For any patient admitted to the Intensive Care Unit (ICU) with ILI, submit a NP specimen to the NPHL for PCR testing at public health expense regardless of the result (+/-) of the rapid influenza test.
- Hospitalized patients with suspected influenza should undergo a diagnostic workup using rapid flu tests or PCR testing through the hospital's in-house and/or reference

laboratories. Commercial laboratory testing for influenza PCR is currently available, and should be utilized when indicated.

- Any hospitalized patient for whom influenza diagnostic laboratory testing can not be obtained through a hospital or reference laboratory can be tested through NPHL.
- For all specimens submitted for testing at NPHL, complete and submit a NPHL requisition (<http://www.dhhs.ne.gov/puh/epi/flu/docs/flunphltestrequisition.pdf>) with the specimen. Fax a copy of the requisition to DHHS 402-471-3601 attn: Robin Williams. For specific clinical laboratory questions please contact NPHL client services at 1-866-290-1406 or visit the NPHL website at <http://www.nphl.org/>.

Antiviral Prescribing Guidance

Recommendations on the use of antiviral drugs for the 2010-2011 flu season are currently in development and will be posted on this page shortly:

(<http://www.cdc.gov/flu/professionals/antivirals/index.htm>)

- Most healthy persons (i.e., those without a condition which puts them at higher risk for complications) who develop an illness consistent with influenza do not need to be treated with antiviral medications. However, clinical judgment should be the ultimate guide in making antiviral treatment decisions for ill persons who are not at higher risk for complications from influenza.
- Prompt empiric antiviral drug treatment is recommended for persons with confirmed or suspected influenza who are at increased risk for serious morbidity and mortality.
- An April 2009 Emergency Use Authorization (EUA) that authorized the use of both oseltamivir in children younger than 1 year old, and peramivir for severely ill hospitalized patients **has been terminated**.

Recommendations for Vaccination

The 2010-11 trivalent vaccines will contain A/California/7/2009 (H1N1)-like, A/Perth/16/2009 (H3N2)-like, and B/Brisbane/60/2008-like antigens. The full guidance document on influenza vaccine recommendations is located here:

(http://www.cdc.gov/mmwr/preview/mmwrhtml/rr59e0729a1.htm?s_cid=rr59e0729a1_w)

Highlights of the 2010 recommendations include:

- Annual vaccination should be administered to all persons aged ≥ 6 months for the 2010--11 influenza season;
- Children aged 6 months--8 years should receive 2 doses of a 2010--11 seasonal influenza vaccine (minimum interval: 4 weeks) during the 2010--11 season if:
1) vaccination status is unknown; or 2) they have never received seasonal influenza vaccine before; or 3) they received seasonal flu vaccine for the first time in 2009--10 but received only 1 dose in their first year of vaccination; or 4) they have never received a 2009 influenza A (H1N1) vaccine;
- Do **NOT** administer Afluria influenza vaccine manufactured by CSL Biotherapies to children <9 years old due to increased risk of fever and seizures (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5931a4.htm>);
- Vaccination efforts should begin as soon as the 2010--11 seasonal influenza vaccine is available and continue through the influenza season.

Recommendations for Infection Prevention and Control

Please visit the following website for updated guidelines related to influenza prevention and control <http://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>.